

2022



ASTRO
ADVOCACY
DAY



Prior Authorization

BACKGROUND

Prior authorization is a cumbersome process that requires physicians to obtain pre-approval for medical treatments or tests before rendering care to their patients. The process for obtaining this approval is lengthy and typically requires physicians or their staff to spend time negotiating with insurance companies — time that would be better spent taking care of patients.

Radiation oncology and cancer patients have been particularly hard hit by this unnecessary burden and interference in care decisions. Radiation Oncology Benefit Managers (ROBMs) oversimplify the process of individual patient care management and abrogate the professional and personal judgments of physicians and patients.

A new federal report found that health plans are delaying and preventing Medicare beneficiaries from getting medically necessary care, and that plans used prior authorization to improperly deny 85,000 beneficiary requests for care in 2019.

ASTRO PRIOR AUTHORIZATION SURVEY RESULTS

93% of respondents noted delays in life-saving treatments due to prior authorization, **69%** said the burden of prior authorization has gotten worse during the pandemic, **64%** said cancer treatment delays caused by prior authorization increased, **66%** said their patients suffered negative results due to prior authorization delays in the pandemic

REQUEST

Radiation oncologists are asking lawmakers to support the bipartisan *Improving Seniors' Timely Access to Care Act of 2021* (H.R. 3173/S. 3018) introduced by Reps. Suzan DelBene (D-Wash.), Mike Kelly (R-Pa.), Ami Bera, MD (D-Calif.) and Larry Bucshon, MD (R-Ind.) and Senators Roger Marshall, MD (R-Kan.), Kyrsten Sinema (D-Ariz.), John Thune (R-S.D.) and Sherrod Brown (D-Ohio). This legislation would bring much-needed transparency and oversight to the prior authorization process and help curb delays for people receiving cancer treatment.



ASTRO urges lawmakers to cosponsor these bills and requests committee leaders hold hearings.

Bicameral, Bipartisan Legislation: S. 3018/H.R. 3173, The Improving Seniors' Timely Access to Care Act of 2021 would:

- Establish an electronic prior authorization (ePA) program and require Medicare Advantage (MA) plans to adopt ePA capabilities;
- Require the Secretary of Health and Human Services to establish a list of items and services eligible for real-time decisions under an MA ePA program;
- Standardize and streamline the prior authorization process for routinely approved items and services;
- Ensure prior authorization requests are reviewed by qualified medical personnel;
- Increase transparency around MA prior authorization requirements and their use; and
- Protect beneficiaries from any disruptions in care due to prior authorization requirements as they transition between MA plans.



The Improving Seniors' Timely Access to Care Act

460+ ENDORSING ORGANIZATIONS

300+ BIPARTISAN COSPONSORS

To cosponsor, contact: kyle.hill@mail.house.gov (Rep. DelBene); sam.west@mail.house.gov (Rep. Kelly); charlotte_pineda@marshall.senate.gov (Sen. Marshall); sylvia.lee@sinema.senate.gov (Sen. Sinema)